NEW YORK STATE DOMESTIC INCIDENT REPORT

Agency

	Month	Day	Year	Time (24 hrs)	Address of Occurrence	APT #	Precinct (NYC) CTV	Aided # (NYC)	Complaint #
DATES Occurred	6	11	16	0940	19 Pine St, OCN		04		
Report	6	11	16	1010					

Sprint # (NYC) ___ Incident # ___

O Officer-Initiated ◉ Radio Run O Walk-In

VICTIM/PARTY 1 (P1)

Name (Last, First, M.I.) / (include aliases): **Cincinelli, Valerie**

DOB: Month **6** Day **2** Year **84** Age **32** O Male ◉ Female

If non-English, language: O Spanish O Chinese O Other: ___

Injured? O No ◉ Yes
Describe: Cut on left lower leg
Removed to Hospital? ◉ No O Yes If yes, what hospital? ___
◉ White O Black O Asian
O American Indian
O Other: ___
O Hispanic
◉ Non-Hispanic
O Unknown

SUSPECT / PARTY 2 (P2)

Name (Last, First, M.I.) / (include aliases): **Carvalho, Isaih**

Phone: 516-655-8628
DOB: Month **10** Day **02** Year **86** Age **29** ◉ Male O Female

Street & City: 19 Pine St Oceanside APT # ___ Zip 11572

If non-English, language: O Spanish O Chinese O Other: ___

Injured? ◉ No O Yes
Describe: ___
Removed to Hospital? ◉ No O Yes If yes, what hospital? ___
◉ White O Black O Asian
O American Indian
O Other: ___
O Hispanic
◉ Non-Hispanic
O Unknown

Prior DV History? O Yes ◉ No
Prior DV police report? O Yes ◉ No
Victim fearful? O Yes ◉ No
Suspect:
Access to weapons? O Yes ◉ No
Drug/Alcohol history? O Yes ◉ No
Suicide threat history? O Yes ◉ No

SUSPECT/P2 present? ◉ Yes O No

LIVING SITUATION
Do parties *currently* live together? ◉ Yes O No
IF NO, have they lived together *in the past?* O Yes O No
Do the parties have a *child-in-common?* ◉ Yes O No

RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)
◉ Married O Formerly Married
O Intimate Partner/Dating O Former Intimate/Dating
O Child of victim/party 1 O Parent of victim/party 1
O Relative: ___ O Other: ___

ASSOCIATED PERSONS

SUSPECT ACTIONS

(Check all that apply)
O Biting
O Destroyed Property (Estimated $ ___)
O Forced Entry
O Forcible Restraint
O Hair Pulling
O Homicide
O Impaired Alcohol/Drugs
O Injury to Child
O Injury to Other Persons
O Injury to Pet/Animal
O Interference with Phone
O Intimidation/Coercion
O Kicking
O Punching
O Pushing
O Sexual Assault
O Shooting
O Slapping
O Slamming Body
O Stabbing
O Strangulation/"Choking"
O Suicide or Attempt
O Threw Items
◉ Unwanted Contact
O Verbal Abuse
O Violated Visitation/ Custody Conditions
O OTHER Suspect Actions: ___

Threats: (specify)
O Injure/Kill Persons
O Injure/Kill Self
O Injure/Kill Pet/Animal
O Take Child
O Destroy/Take Property
O Other: ___

O **Threat with weapon**
O **Weapons used:** (specify)
O Blunt Object
O Gun
O Motor Vehicle
O Sharp Instrument
O Other: ___

ARREST

Arrest Made? ◉ Yes O No Arrest # ___

Reasons arrest not made on-scene: O No Offense Committed O No Probable Cause O Suspect Off-Scene O Warrant/Criminal Summons to be requested O Violation level: not in police presence (no citizen's arrest) O Other: ___

OFFENSES & OP

Offenses	Law (e.g. PL)	Section (Sub)	Charges Filed
1.			O
2.			O
3.			O

Offenses Involved: (check all that apply) O Felony O Misdemeanor O Violation O Other (Specify) ___

	Yes	No	
Registry Checked?	O	◉	OP Court Name: ___
Order of Protection?	O	◉	O Family O Criminal O Supreme
Stay Away Order?	O	◉	O Out of State O Tribal
Order Violated?	O	◉	Expiration Date Month Day Year
Any PRIOR orders?	O	◉	

STOP! ——> * * * * * * * * * * * * * * * COMPLETE STATEMENT ON PAGE 2 NEXT * * * * * * * * * * * * * * ——>

Photos Taken? O Yes ◉ No IF YES, photos taken of: O Victim Injuries O Suspect Injuries O Scene O Damaged Property O Other: ___

Other evidence collected? O Yes ◉ No IF YES, describe: ___

INVESTIGATION

Results of investigation and basis of action taken. (Were excited utterances, spontaneous admissions or spontaneous statements made?) O Yes ◉ No (Complete 710.30 or other form when applicable).

Vict and Suspect Carvalho had a verbal argument. The subject became very irate and started screaming and yelling at Vict. He picked up clothes from their the dining room and throwing them by. One of the pieces of clothing he threw was a pair of pants with a belt attached. The belt had a metal buckle and it hit Vict and struck Vict on the left lower leg causing a laceration. Vict was able to pick up our picked up her cell phone to call 911. The suspect knocked the phone out of Vict's hand and started yelling "fuck'n calling anyone" Vict was able to pick up phone and did 911 and at that point Subj told Vict. Vict requested no medical Asst at this time.

Any Guns in House? O Yes O No Any Guns Seized? O Yes O No Household Member Has Pistol Permit? O Yes O No Permit Seized? O Yes O No

Permit #(s): ___ Issuing County: ___ Name on Permit(s): ___

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? O Yes ◉ No
IF YES, officer must contact the **NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522**

IS SUSPECT ON PAROLE OR PROBATION?
O Probation O Parole O Not Supervised O Status Unknown

CONTACTS INITIATED BY POLICE: O Domestic Violence Services O Child Protective Services (or ACS) O Other Agency: ___

Officer's Signature (& Rank)	(PRINT and SIGN) Abruzzese	I.D. 7034	Month 6	Day 11	Year 16	1. Was DIR given to the victim at the scene? ◉ Yes O No 2. Was Victim Rights Notice given to victim? ◉ Yes O No	Page 1
Supervisor's Signature (& Rank)	(PRINT and SIGN)					IF NO, give reason:	of 2

Spint # (NYS)	Incident #	Precinct	6/11/19	Aided # (NYC)	Complaint #

Page 2 of the NYS Domestic Incident Report:
STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION

Suspect Name (Last, First, M.I.)

Carvalho, Isaih

I, _Valera Cincinali_ (victim/deponent name),   state that on _____/_____/_____, (date) at _____
Yo, _____ (nombre de victima/deponente), declaro que en tal fecha _____/_____/_____   en   _____

(location of incident), in the County/City/Town/Village of _____, of the state of New York, the following did occur:
(donde el incidente ocurrio), el condado/ciudad/aldea/pueblo de _____, del estado de Nueva York, lo siguiente occurio:

_____

_____

_____

_____

_____

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_____   *(Use additional pages as needed)*

**False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.
Declaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la
ley penal.**

_____   6/11/16
Victim/Deponent Signature   **Date**
Firma de victima/deponente   **Fecha**

_____
Interpreter   **Date**

_____   6/10/16
Witness or Officer   **Date**

Page
of

NEW YORK STATE
DOMESTIC INCIDENT REPORT

Agency NC...

	Sprint # (NYC)	Incident #

DATES

	Month	Day	Year	Time (24 hrs)	Address of Occurrence	APT #	Precinct (NYC) CTV	Aided # (NYC)	Complaint #
Occurred	07	12	17	2130	19 Pine St Oceanside		04		
Report	07	15	17	1720					

O Officer-Initiated ⦿ Radio Run O Walk-In

VICTIM/PARTY1 (P1)

Name (Last, First, M.I.) / (include aliases)
Cincinelli, Valerie

DOB Month	Day	Year	Age	
06	02	84	33	O Male ⦿ Female

If non-English, language: O Spanish O Chinese O Other: _____

Injured? ⦿ No O Yes

Removed to Hospital? ⦿ No O Yes If yes, what hospital? _____

⦿ White O Black O Asian | O Hispanic ⦿ Non-Hispanic O Unknown
O American Indian
O Other: _____

Describe: _____

SUSPECT / PARTY 2 (P2)

Name (Last, First, M.I.) / (include aliases)
Carvello, Isaiah Jr

Phone 516-655-8628

DOB Month	Day	Year	Age	
10	02	86	30	⦿ Male O Female

Street & City 19 Pine St Oceanside

APT #   Zip 11572

If non-English, language: O Spanish O Chinese O Other: _____

Injured? ⦿ No O Yes

Removed to Hospital? ⦿ No O Yes If yes, what hospital? _____

⦿ White O Black O Asian | O Hispanic ⦿ Non-Hispanic O Unknown
O American Indian
O Other: _____

Describe: _____

SUSPECT/P2 present?
O Yes
⦿ No

LIVING SITUATION
Do parties *currently* live together? ⦿ Yes O No
IF NO, have they lived together *in the past*? O Yes O No
Do the parties have a *child-in-common*? ⦿ Yes O No

RELATIONSHIP: (SUSPECT / P2 to VICTIM / P1)
⦿ Married O Formerly Married
O Intimate Partner/Dating O Former Intimate/Dating
O Child of victim/party 1 O Parent of victim/party 1
O Relative _____ O Other: _____

Prior DV History?	⦿ Yes O No
Prior DV police report?	⦿ Yes O No
Victim fearful?	O Yes ⦿ No

Suspect:
Access to weapons? O Yes ⦿ No
Drug/Alcohol history? O Yes ⦿ No
Suicide threat history? O Yes ⦿ No

ASSOCIATED PERSONS

SUSPECT ACTIONS (Check all that apply)
O Biting
⦿ Destroyed Property (Estimated $ 20.00)
O Forced Entry
O Forcible Restraint
O Hair Pulling
O Homicide
O Impaired Alcohol/Drugs
O Injury to Child
O Injury to Other Persons
O Injury to Pet/Animal
O Interference with Phone
O Intimidation/Coercion
O Kicking
O Punching
O Pushing
O Sexual Assault
O Shooting
⦿ Slapping
O Slamming Body
O Stabbing
O Strangulation/"Choking"
O Suicide or Attempt
O Threw Items
O Unwanted Contact
O Verbal Abuse
O Violated Visitation/ Custody Conditions
⦿ OTHER Suspect Actions: Verbal Argument

Threats: (specify)
O Injure/Kill Persons
O Injure/Kill Self
O Injure/Kill Pet/Animal
O Take Child
O Destroy/Take Property
O Other: _____

O **Threat with weapon**
O **Weapons used:** (specify)
O Blunt Object
O Gun
O Motor Vehicle
O Sharp Instrument
O Other: _____

ARREST

Arrest Made? ⦿ Yes O No   Arrest # _____

Reasons arrest not made on-scene: O No Offense Committed O No Probable Cause O Suspect Off-Scene
O Warrant/Criminal Summons to be requested O Violation level: not in police presence (no citizen's arrest) O Other: _____

OFFENSES & OP

Offenses	Law (e.g. PL)	Section (Sub)	Charges Filed
1.			O
2.			O
3.			O

Offenses Involved: (check all that apply) O Felony
O Misdemeanor O Violation O Other (Specify) _____

Registry Checked?	⦿ Yes	O No	OP Court Name: _____
Order of Protection?	⦿ Yes	O No	O Family O Criminal O Supreme
Stay Away Order?	O Yes	⦿ No	O Out of State O Tribal
Order Violated?	⦿ Yes	O No	Expiration Date: Month 07 Day 27 Year 18
Any PRIOR orders?	O Yes	⦿ No	

STOP! ——> * * * * * * * * * * * * * * * COMPLETE STATEMENT ON PAGE 2 NEXT * * * * * * * * * * * * * * * ——>

Photos Taken? O Yes ⦿ No   IF YES, photos taken of: O Victim Injuries O Suspect Injuries   O Scene O Damaged Property O Other: _____

Other evidence collected? O Yes ⦿ No   IF YES, describe: _____

Results of investigation and basis of action taken. *(Were excited utterances, spontaneous admissions or spontaneous statements made?)* O Yes ⦿ No *(Complete 710.30 or other form when applicable).* _____

INVESTIGATION

Any Guns in House? O Yes ⦿ No   Any Guns Seized? O Yes ⦿ No   Household Member Has Pistol Permit? O Yes ⦿ No   Permit Seized? O Yes ⦿ No

Permit #(s): _____   Issuing County: _____   Name on Permit(s): _____

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment, or endangerment? O Yes ⦿ No
IF **YES**, officer must contact the **NYS CHILD ABUSE HOTLINE REGISTRY # 1-800-635-1522**

IS SUSPECT ON PAROLE OR PROBATION?
O Probation O Parole ⦿ Not Supervised O Status Unknown

CONTACTS INITIATED BY POLICE: O Domestic Violence Services
O Child Protective Services (or ACS) O Other Agency: _____

Officer's Signature (& Rank)   (PRINT and SIGN) William Resnick
I.D. 9125

Month	Day	Year
07	15	17

1. Was DIR given to the victim at the scene? ⦿ Yes O No
2. Was Victim Rights Notice given to victim? ⦿ Yes O No
IF NO, give reason: _____

Page _____

Supervisor's Signature (& Rank)   (PRINT and SIGN)

VICTIM / COMPLAINANT COPY

NYS DOMESTIC VIOLENCE HOTLINE ENGLISH: 1-800-942-6906 SPANISH: 1-800-942-6908

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Page 2 of the NYS Domestic Incident Report:
STATEMENT OF ALLEGATIONS / SUPPORTING DEPOSITION

Suspect Name (Last, First, M.I.)

Carvalho, Isaiah Jr   POB 10/2/86

I, Valerie Cincinelli ____ (victim/deponent name),   state that on ____ 07 / 12 / 17, (date) at 2130 hrs
Yo, _____ (nombre de victima/deponente), declaro que en tal fecha ___/___/___ en _____

19 First St Oceanside
(location of incident), in the County/City/Town/Village of Hempstead, of the state of New York, the following did occur:
(donde el incidente ocurrio), el condado/ciudad/aldea/pueblo de _____, del estado de Nueva York, lo siguiente occurio:

I came home from marriage counseling with my husband Isaiah Carvalho Jr. I walked to the front door and was attempting to open it when my husband came up behind me and yelled at me that he wasn't leaving the house and smacked my hand causing my phone to fall to the ground and cracking my screen protector valued at $20. We continued having a verbal argument and he then left the house. Since this happened I hadn't seen him until today July 15 2017 at approximately 3:45 PM. I was in the shower when he came home and was banging on the door asking where our son was. I told him to leave me alone and we continued to argue. I got dressed and left the house and drove toward Long Beach. He got in his car and followed me all the way to Park Ave in Long Beach and I drove to the Long Beach Police Headquarters where they called the 4th Pct so I could make a report. I did not give Isaiah Carvalho Jr. permission to slap my hand causing my phone to fall to the ground and damage my screen protector. This violates Order of Protection Docket # CR-04770-16NA signed by Judge Joy M. Watson and I would like him arrested. This statement was written for me by PO Resnick and it is the truth *(Use additional pages as needed)*

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.
Declaraciones falsas hechas aqui son castigables como una clase de delito menor, de acuerdo con la seccion 210.45 de la ley penal.

_Valerie C_____   7/15/17
Victim/Deponent Signature   **Date**
Firma de victima/deponente   **Fecha**

_____   _____
Interpreter   **Date**

_____   7/15/17
Witness or Officer   **Date**

Page 2 of 2

Incident

Agency: NASS

	A	**New York State DOMESTIC INCIDENT REPORT**			Incident #

Reported Date (MM/DD/YYYY)	Time (24 hours)	Occurred Date (MM/DD/YYYY)	Time (24 hours)	☐ Officer Initiated ☐ Radio Run ☐ Walk-in	Complaint #
02-21-18	1532	02-21-2018	2000	☐ ICAD (NYC)	10184

Address (Street No., Street Name, Bldg. No., Apt No.): H. First T

City, State, Zip: Ocean Side NY

Suspect (P2)

Name (Last, First, M.I.) (Include Aliases): CARVALHO, URIAH JR.

DOB (MM/DD/YYYY): 10/12/86   **Age:** 31   ☐ Female ☐ Male ☐ Self-Identified:

Address (Street No., Street Name, Bldg. No., Apt No.): 10 Pickwick Dr.

Suspect Phone Number: 516-665-8626   **Language:**

City, State, Zip: Hicksville NY

☑ White ☐ Black ☐ Asian   ☐ Hispanic ☐ Non Hispanic ☐ Unknown
☐ American Indian ☐ Other   ☐ Other Identifier:

Do suspect and victim live together ? ☐ Yes ☐ No	Suspect/P2 present? ☐ Yes ☐ No	Was suspect injured? ☐ Yes ☐ No If yes describe:	Possible drug or alcohol use? ☐ Yes ☐ No	Suspect supervised? ☐ Probation ☐ Parole ☐ Not Supervised ☐ Status Unknown

Suspect (P2) Relationship to Victim (P1) ☑ Married ☐ Intimate Partner/Dating ☐ Formerly Married ☐ Former Intimate Partner ☐ Parent of Victim (P1) ☐ Child of Victim ☐ Relative: _____ ☐ Other: _____

Do the suspect and victim have a child in common? ☑ Yes ☐ No

Victim Interview

Emotional condition of VICTIM? ☐ Upset ☐ Nervous ☐ Crying ☐ Angry ☐ Other:

What were the first words that VICTIM said to the Responding Officers at the scene regarding the incident? I CAN'T GET IN DUCH WILL MY SONS DAD, HE HAS MY SON AND WONT RETURN HIM.

Did suspect make victim fearful? ☐ Yes ☑ No If yes, describe:

Weapon Used? ☐ Yes ☑ No   Gun: ☐ Yes ☐ No   Other, describe:

Access to Guns? ☐ Yes ☐ No   If yes, describe:

Suspect Threats? ☐ Yes ☑ No If Yes, Threats to: ☐ Victim ☐ Child(ren) ☐ Pet ☐ Commit Suicide ☐ Other Describe:

Injured? ☐ Yes ☑ No If yes, describe:

In Pain? ☐ Yes ☐ No If yes, describe:

Strangulation? ☐ Yes ☑ No ☐ Loss of Consciousness ☐ Urination/Defecation ☐ Red eyes/Petechia ☐ Sore Throat ☐ Breathing Changed ☐ Difficulty Swallowing
Visible Marks? ☐ Yes ☑ No If yes, describe:

Suspect

What did the SUSPECT say (Before and After Arrest):

710.30 completed? ☐ Yes ☐ No

Incident Narrative

Briefly describe the circumstances of this incident: SUSPECT HAD CHILD TILL TUESDAY (02/20/18) WHEN RETURNING CHILD, CHILD WAS UPSET AND VICTIM (VALERIE CIMINELLI) STATES THEY AGREED THAT SUSPECT (ISAIAH CARVALHO) COULD KEEP SON TIL WEDNESDAY NIGHT (02/21/18). CHILD WAS NOT DROPPED OFF WEDNESDAY NIGHT AND SUSPECT HAS NOT ANSWERED HIS PHONE SINCE WEDNESDAY NIGHT. THERE IS A FAMILY (COURT FILE 55643) INDEX V-10812-17 SIGNED BY SPECIAL REFEREE CHRISTOPHER RIZZOLO. VICTIM WISHES REPORT FOR DOCUMENTATION PURPOSES

DIR Repository checked? ☐ Yes ☐ No	Order of Protection Registry checked? ☐ Yes ☐ No	Order of Protection in effect? ☑ Yes ☐ No ☐ Refrain ☐ Stay Away

Evid

Evidence Present? ☐ Yes ☑ No	**Photos taken:** ☐ Victim Injury ☐ Suspect Injury ☐ Other:	**Other Evidence:** ☐ Damaged Property ☐ Videos ☐ Electronic Evidence ☐ Other:	**Destruction of Property?** ☐ Yes ☑ No If yes, Describe:

Offense

Offense Committed? ☐ Yes ☐ No	Was suspect arrested? ☐ Yes ☐ No If no, explain:	Offense 1	Law (e.g. PL)	Offense 2	Law (e.g. PL)

VICTIM / COMPLAINANT COPY | NYS DOMESTIC AND SEXUAL VIOLENCE HOTLINE 1-800-942-6906 | 3221-03/2016 DCJS Copyright © 2016 by NYS DCJS

| Agency: NASS | **B** | Incident # | Complaint # 10/FY |

Describe Victim's prior domestic incidents with this suspect (Last, Worst, First):

SUBJECT KNOCKED the PHONE out of HER HANDS. VERBAL ARGUMENTS will...

Prior History

If the Victim answers "yes" to any questions in this box refer to the NYS Domestic and Sexual Violence Hotline at 1-800-942-6906 or Local Domestic Violence Service Provider: ( ) _____ .

Has Suspect ever:		Is suspect capable of killing you or children?	☐ Yes ☒ No
Threatened to kill you or your children? ☐ Yes ☒ No		Is suspect violently and constantly jealous of you?	☐ Yes ☒ No
Strangled or "choked" you? ☐ Yes ☒ No		Has the physical violence increased in frequency or severity over the past 6 months?	
Beaten you while you were pregnant? ☐ Yes ☒ No			☐ Yes ☐ No

Is there reasonable cause to suspect a child may be the victim of abuse, neglect, maltreatment or endangerment? ☐ Yes ☒ No

If Yes, the Officer must contact the **NYS Child Abuse Hotline Registry # 1-800-635-1522.**

| Was DIR given to the Victim at the scene? ☒ Yes ☐ No if **NO**, Why: | Was Victim Rights Notice given to the Victim? ☒ Yes ☐ No if **NO**, Why: |

Signatures:

| Reporting Officer (Print and Sign include Rank and ID#) | Supervisor (Print and Sign include Rank and ID#) |

STATEMENT OF ALLEGATIONS/SUPPORTING DEPOSITION

* Officers are encouraged to assist the Victim in completing this section of the form.

Suspect Name (Last, First, M.I)

CARVALHO, ISAIAH JR

I VALERIE Circinelli (Victim/Deponent Name) state that on 02 / 23 / 18 , (Date)

at 1532, MAIN STATION ... (Location of incident) in the County/City/Town/Village HEMPSTEAD (HEMPSTEAD) of the State of New York, the following did occur: I HAVE NOT BEEN ABLE TO CONTACT my HUSBAND, ISAIAH CARVAHLO, who I'M GETTING DIVORCED from. He HAD MY SON SALVATORE CIRCINELLI (11/05/13) FOR THE WEEKEND AND CAME TO RETURN HIM TUESDAY NIGHT (02/20/18) BUT MY SON WAS UPSET SO WE BOTH AGREED HE WOULD STAY WITH MY HUSBAND TILL WEDNESDAY AT 8:00 P.M. HE DIDN'T SHOW UP AT MY HOUSE AND I HAVE NOT BEEN ABLE TO CONTACT HIM SINCE. HE STILL HAS MY SON AND I HAVE NOT HEARD FROM EITHER OF THEM. AT THIS TIME I JUST WANT MY SON BACK. THE ABOVE IS TRUE AS WRITTEN FOR ME BY P.O. ARMSTRONG.

(Use additional page as needed)

False Statements made herein are punishable as a Class A Misdemeanor, pursuant to section 210.45 of the Penal Law.

Victim/Deponent Signature	Date 2/23/18	Note:	Page 2
Witness or Officer Signature	Date 2/23/18	Whether or not this form is signed, this DIR Form will be filed with Law Enforcement.	Of 2
Interpreter Signature and Interpreter Service Provider Name	Date		
Interpreter Requested ☐ Yes ☐ No Interpreter Used ☐ Yes ☐ No			